## **Application Data Sheet**

## **Application Information**

Application Type:: Regular

Subject Matter:: Utility

Suggested Group Art Unit:: N/A

CD-ROM or CD-R?:: None

Sequence submission?:: None

Computer Readable Form (CRF)?:: No

Title:: 3, 10, AND 12a SUBSTITUTED

**TETRACYCLINE COMPOUNDS** 

Attorney Docket Number:: PAZ-173CP

Request for Early Publication?:: No

Request for Non-Publication?:: No

Small Entity?::

Petition included?::

Secrecy Order in Parent Appl.?:: No

## **Applicant Information**

Applicant Authority Type:: Inventor

Primary Citizenship Country:: US

Status:: Full Capacity

Given Name:: Mark

Middle Name:: L.

Family Name:: Nelson

City of Residence:: Wellesley

State or Province of Residence:: MA

Country of Residence:: US

Street of mailing address:: 735 Worcester Road

City of mailing address:: Wellesley

State or Province of mailing address:: MA

Postal or Zip Code of mailing address:: 02481

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Applicant Authority Type:: Inventor

Primary Citizenship Country:: Somalia

Status:: Full Capacity

Given Name:: Mohamed

Middle Name:: Y.

Family Name:: Ismail

City of Residence:: Bedford

State or Province of Residence:: MA

Country of Residence:: US

Street of mailing address:: 5 Hunt Road

City of mailing address:: Bedford

State or Province of mailing address:: MA

Postal or Zip Code of mailing address:: 01730

Applicant Authority Type:: Inventor

Primary Citizenship Country:: US

Status:: Full Capacity

Given Name:: Upul

Family Name:: Bandarage

City of Residence:: Lexington

State or Province of Residence:: MA

Country of Residence:: US

Street of mailing address:: 11 Bates Road

City of mailing address:: Lexington

State or Province of mailing address:: MA

Postal or Zip Code of mailing address:: 02421

Applicant Authority Type:: Inventor

Primary Citizenship Country:: US

Status:: Full Capacity

Given Name:: Emmanuelle

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Family Name:: Sizensky

City of Residence:: South Grafton

State or Province of Residence:: MA

Country of Residence:: US

Street of mailing address:: 4 Blackstone Lane

City of mailing address:: South Grafton

State or Province of mailing address:: MA

Postal or Zip Code of mailing address:: 01560

Applicant Authority Type:: Inventor

Primary Citizenship Country:: US

Status:: Full Capacity

Given Name:: Jackson

Family Name:: Chen

City of Residence:: Brookline

State or Province of Residence:: MA

Country of Residence:: US

Street of mailing address:: 1731 Beacon Street, #204

City of mailing address:: Brookline

State or Province of mailing address:: MA

Postal or Zip Code of mailing address:: 02445

**Correspondence Information** 

Correspondence Customer Number:: 00959

Representative Information

Representative Customer Number:: 00959

## **Domestic Priority Information**

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
	Application claiming the benefit under 35 USC 119(e)	60/395696	07/12/02